## PATENT APPLICATION FE DETERMINATION RECORD

Effective October 1, 2001

plication or Docket Number

09/980066

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                      |                               |                  |       | SMALL ENTITY TYPE OR |                        |       | OTHER THAN<br>SMALL ENTITY |  |
|---|--|---|--------------|----------------------|-------------------------------|------------------|-------|----------------------|------------------------|-------|----------------------------|--|
| TOTAL CLAIMS  |  |   |              |                      |                               |                  | Γ     | RATE                 | FEE                    |       | RATE                       | FEĘ  |
| FOR   |  |   | NUMBER FILED |                      | NUMB                          | ER EXTRA         | В     | BASIC FEE            | 370.00                 | OR    | BASIC FEE                  | 1040   |
| то  | TAL CHARGEA                                    | BLE CLAIMS                                | ]   min      | us 20=               | *                             |                  |       | X\$ 9=               |                        | OR    | X\$18=                     |  |
| IND   | EPENDENT CL                                    | AIMS                                      | minus 3 = *  |                      |                               |                  |       | X42=                 |                        | OR    | X84=                       |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |                      |                               |                  |       | +140=                | -                      | OR    | +280=                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                      |                               | L                | TOTAL |                      | OR                     | TOTAL | 1040                       |  |
| CLAIMS AS AMENDED - PART II   |  |   |              |                      |                               |                  |       | l                    |                        | ,     | OTHER                      | THAN   |
|   |  | (Column 1)                                | (Column 2) ( |                      |                               | (Column 3)       | _     | SMALL E              |                        | OR    | SMALL                      |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREV          | IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | * 14                                      | Minus        | ** 2                 | Ø                             | = /              |       | X\$ 9=               |                        | OR    | X\$18=                     | B  |
|   | Independent                                    | * /                                       | Minus        | ***                  | 3                             | =                |       | X42=                 |                        | OR    | X84=                       | S  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                               |                  |       | +140=                |                        | OR    | +280=                      | M  |
|   |  |   |              |                      |                               |                  | L     | TOTAL                |                        |       | TOTAL                      | A STATE OF THE STA |
|   |  | Al  | DDIT. FEE    |                      | JO. 1                         | ADDIT. FEE       |       |                      |                        |       |                            |  |
|   |  | (Column 1)<br>CLAIMS                      |              | HIG                  | mn 2)<br>HEST                 | (Column 3)       | Г     |                      | ADDI-                  |       |                            | ADDI-  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                | MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |       | RATE                 | TIONAL<br>FEE          |       | RATE                       | TIONAL<br>FEE  |
|   | Total  | *   | Minus        | **                   |                               | =                |       | X\$ 9=               |                        | OR    | X\$18=                     | Č  |
|   | Independent                                    | *   | Minus        | ***                  |                               | =                |       | X42=                 |                        | OR    | X84=                       | <b>V</b>   |
| L   | FIRST PRESE                                    | NTATION OF MI                             | JUIPLE DEP   | ENDEN                | I CLAIM                       |                  |       | +140=                |                        | OR    | +280=                      |  |
|   |  |   |              |                      |                               |                  | L     | TOTAL                |                        |       | TOTAL<br>ADDIT, FEE        |  |
|   |  | (Column 1)                                |              | (Colu                | mn 2)                         | (Column 3)       | Ai    | DDIT. FEE            |                        |       | AUUII. PEE                 |  |
| AMENDMENT C   | 72 ·   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | - July 1997  | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE | ,     | RATE                       | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | *   | Minus        | **                   |                               | =                |       | X\$ 9=               |                        | OR    | X\$18=                     |  |
|   | Independent                                    | *   | Minus        | ***                  |                               | <u> </u>         |       | X42=                 |                        | OR    | X84=                       |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                               |                  |       | .140                 |                        |       | .000                       |  |
| * If the intry in column 1 is less than the intry in column 2, write "0" in column 3.   |  |   |              |                      |                               |                  |       |                      |                        | OR    | +280=                      |  |
| ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                      |                               |                  |       |                      |                        |       |                            |  |